

Name:	<input type="text"/>
Doctor:	<input type="text"/>
Diabetes Educator:	<input type="text"/>
Dietitian:	<input type="text"/>
Pharmacist:	<input type="text"/>
Foot Doctor:	<input type="text"/>
Eye Doctor:	<input type="text"/>
Physical Therapist:	<input type="text"/>

MY DIABETES CARE INFORMATION



MY DIABETES CARE GOALS*

*ADA Standard 2004

A1C Target: _____ less than 7%

Blood Pressure Target: _____ less than 130/80

Cholesterol Target: _____ less than 200

LDL Target: _____ less than 100

HDL Target: _____ men greater than 40

_____ women greater than 50

Triglycerides Target: _____ less than 150

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1-800-338-3633 www.adamenu.org

To find a diabetes educator near you:
American Association of Diabetes Educators
www.diabeteseducators.org

Washington State Department of
Health
Washington Diabetes
Prevention & Control Program
360-236-3608
1-800-628-8808 www.diabetes.org

American Diabetes Association
1-800-438-5383 www.ndep.nih.gov

For more information about diabetes:
National Diabetes Education Program
www.ndep.nih.gov



MY DIABETES CARE CHART

Here is a list of items for good diabetes care suggested by the American Diabetes Association (ADA). Take this card to your primary care provider or diabetes educator when you visit them so that **YOU** can control your diabetes. For life.

Date of visit:				
Physician exams:	Values:			
Review home blood sugar records (every visit)				
A1C (every 3-6 months)				
Weight (every visit)				
Foot exam (every visit)				
Foot check of circulation and nerves (once a year)				
Blood pressure (every visit)	/	/	/	/
Cholesterol/LDL/HDL (once a year)	/	/	/	/
Triglycerides (once a year)				
Microalbumin and serum creatinine (once a year)				
Dilated eye exam (every 1-3 years)				
Dental exam (twice a year)				
Flu shot (once a year)				
Pneumonia vaccine (generally once)				

Discuss these issues regularly with your diabetes educator, dietitian or health care provider to improve your diabetes management:

- Tobacco and alcohol use
- Medication plan
- Avoiding or treating complications
- Meal plan
- Aspirin therapy
- Physical activity plan
- Hypoglycemia (low blood sugar)
- Sick day plan
- Hyperglycemia (high blood sugar)
- Stress management plan
- Ways to improve A1C
- Weight management plan
- Blood pressure and cholesterol
- Foot care plan



Self-management goals: _____

Concerns: _____



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If you have questions, contact:
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P.O. Box 47833 Olympia, WA 98504-7833
(360) 236-3736

Sincerely,
Health Education Resource Exchange Web Team

P R I N T I N G S P E C I F I C A T I O N S

Title: Diabetes Wallet Card (English version)

Size: 3.75 x 8.875

Paper stock: 80# cover Sterling gloss white

Ink color: PMS 286, PMS 326, and Black

Special instructions: Prints 2 sides. Finished job folds to 3.75 x 2.25 (score and gate fold)

DOH Pub #: 345-004

DOH Contact: Sara Eve Sarlker, 360-236-3963
Diabetes Prevention and Control Program